TRAVI		PENSE CLAIN	/ I		See Instr	uctions ar	nd Privacy	,						L	
						nt on Reverse Side					Page	1	of	1	
						SSAN OR FI	DI OVEE NIIM	BEB		DEPARTMEN	NT				
Jeff Mad	cedo			CB/ID NUMBE	ER.	DIVISION OR	BUREAU	and the same		Press		INDEX NUME	RER		
												HOEA HOMBER			
Deputy Press Secretary RESDENCE ADDRESS						Office of the Governor					TELEPHONE NUMBER				
						State Capitol									
СПУ		STATE	ruja i seleti min	ZIP		спу	фио			STATE		1	ZIP		
						Sacrame	ento			CA			95814		
MEALS										RANSPORTAT	ION		75011		
MONTH/YEAR LOCATION							ı			CARFARE,		T		TOTAL	
		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENS	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DA	
6 1	0-	Oakland								1 625	100	✓ _{80.10}		0.0	
6-Apr	9a	Oakland								/ 6.25	180	80,10		86	
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ACIDIVITY	I CODE (ACCTO DECONE	1			in a series and			S.,	<u> </u>				l:	
	CLAIN	TOTAL											\$86	6.35	
		IP, REMARKS AND				en required)				NORMAL V	WORK HOU	JRS		
Staff the health care town hall satellite location in Oakland										N.					
										n	PRIVATE VEHICLE LICENSE NUMBER 4PRT222				
															
										2	MILEAGE I	RATE CLAI	MED		
											0.445	Section 10			
			//////////////////////////////////////								AGEN	Y ACCO		OFFICE	
HEREBY C	ERTIFY, Th	at the above is a true state	ement of the tr	ravel expense	s incurred by	me in accord	dance with Di	PA rules in th	e service of t	he State of		USE	ONLY		
California If	f a privately	owned vehicle was used a	and if mileage	exceeds the	minimum rat	e, I certify the	cost of the o	perating the v	vehicle was e	equal to or	PAID BY	REVOLVING F	UND CHECK !	YUMBER.	
realer than	the rate cla	med, and that I have met	the requireme	nts as prescr	ibed by SAM	Sections 07	50, 0751,0752	2, 0753 and 0	754		7	40	410	V	
	- Indiana and	th and cost half usage			DATE							10	DATE	N	
					4/1	3/29							4/13	,109	
		orotal s	EXPENSES		1/	101							11.		
į.		PECIAL	EXPENSES										DATE	1	
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